

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
DIVISION OF HEALTH AND ENVIRONMENTAL LABORATORIES**

**Topeka, Kansas**

**APPLICATION FOR ENVIRONMENTAL FIELD LABORATORY ACCREDITATION**



**The following information is required in connection with the approval of field laboratory accreditation.**

I. Name \_\_\_\_\_

(Legal Name of Facility)

If renewal accreditation, Certificate Number \_\_\_\_\_ & Expiration Date \_\_\_\_\_

Type of laboratory certification: Industrial \_\_\_\_\_ Municipal \_\_\_\_\_

Main Office Telephone Number (Area Code & 7 digit) \_\_\_\_\_

Physical Location/Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Person and job title \_\_\_\_\_ EMAIL: \_\_\_\_\_

Telephone Number for Contact Person \_\_\_\_\_ FAX #: \_\_\_\_\_

Directions to the lab from Topeka, KS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**II. LABORATORY OWNERSHIP INFORMATION:**

A. Name of Owner of Laboratory \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

B. Is the ownership an \_\_\_\_\_ individual; a \_\_\_\_\_ partnership; an \_\_\_\_\_ association; or, a \_\_\_\_\_ corp?

C. If a corporation, list the name & address of your registered agent.

\_\_\_\_\_  
\_\_\_\_\_

D. If incorporated, in what state? \_\_\_\_\_

III. I hereby make application to the Department of Health and Environment to be approved for performing certain chemical analyses on samples in accordance with K.S.A. 65-1, 109a. It is understood that before approval can be granted, the laboratory must be in compliance with all requirements as established by the Kansas Department of Health and Environment. I certify the information provided with this application is complete, true, and correct, and providing false information is a basis for revocation of laboratory accreditation.

Authorized Signature \_\_\_\_\_

Typed/Printed Name of Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**PERSONNEL**

IV. List name, job title, and education for each individual involved in the analysis of those parameters for which accreditation is being requested.

NAME	JOB TITLE	EDUCATION

**V. FIELDS BEING REQUESTED FOR ACCREDITATION:**

Check the field(s) in which you wish to become accredited:

- (1)\_\_\_\_\_Chlorine (Total)
- (2)\_\_\_\_\_Chlorine (Free)
- (3)\_\_\_\_\_Dissolved Oxygen
- (4)\_\_\_\_\_Hydrogen Ion (pH)
- (5)\_\_\_\_\_Sulfite
- (6)\_\_\_\_\_Temperature
- (7)\_\_\_\_\_Turbidity

One field		\$200
Two or more fields		\$350
<b>TOTAL ENCLOSED</b>		<b>\$</b>

VI. Federal Tax I.D. # \_\_\_\_\_

AUTHORITY FOR FEES ARE ESTABLISHED BY K.A.R. 28-15-37.

**SUBMIT COMPLETED APPLICATION FORM AND FEES TO:**

Environmental Laboratory Accreditation Program Office  
Division of Health and Environmental Laboratories  
Kansas Department of Health and Environment  
Forbes Field, Building #740  
Topeka, Kansas 66620-0001